

GMT 4. SUICIDE AWARENESS AND PREVENTION

LESSON TITLE: Suicide Awareness and Prevention

DATE PREPARED: September 1997. Prepared by: HM1(FMF) Torres

TIME: 1 Hour

METHOD: Lecture

LOCATION: Classroom

INSTRUCTORS REQUIRED: One

REFERENCES: MCO 6200.4

TRAINING AIDS: Overhead Projector, screen, and lesson transparencies (slides).

LESSON PLAN **SUICIDE AWARENESS AND PREVENTION**

INTRODUCTION

1. GAIN ATTENTION

(Slide 1)

Have the group please stand. Tell them to sit down if you mention a category that they feel applies to them.

- a. If, in the last year, you have experienced a disruption of a close relationship - for example, a death of a family member or close friend, a serious illness of a friend or family member.
- b. If you have moved to anew location or changed duty stations in the last year.
- c. If you feel financial pressure.
- d. Everyone who is in a job or relationship that is constantly high-stress, a job or a relationship in which you feel asked to do more than you think you can do (you regularly worry about not measuring up to a high standard of performance).
- e. If you drink alcohol regularly.
- f. If you have some old emotional scars that have not yet been fully dealt with.
- g. If you have mood swings. (If you have ever been depressed for more than two weeks at a time).

- h. If you are under 25 or over 45.
- i. If you are Caucasian.
- j. If you are male.

Those still standing (only those still standing) are free from factors associated with suicide. The point is, suicide is a possibility for almost anyone under the right combination of conditions.

2. OVERVIEW

(Slide 2)

Over the last few decades there has been a threefold increase in suicide among late adolescents and young adults. Suicide is the eighth leading cause of death in the U.S. It is the third leading cause for adolescents (behind accidents and homicide). An average of one person every 17 minutes kills themselves. There have been an average of 29 USMC suicides each year since 1988. Suicide is the second leading cause of death for Marines. This loss of life, much of which can be avoided using proper techniques, affects not only the Marine directly, but all those around them at work and at home. The Marine Corps "takes care of its own." There is a lot we can do. You can intervene with a fellow Marine to prevent a possible suicide. Knowing the risk factors and warning signals for suicide can help prompt us to take appropriate action at the right time.

3. INTRODUCE LEARNING OBJECTIVES

(Slide 3)

a. TERMINAL LEARNING OBJECTIVE. Without the aid of references, select from a list of alternatives, the:

- (1) Possible causes of suicide;
- (2) Characteristics of the risk factors;
- (3) Immediate warning signs of suicidal behavior;
- (4) Procedures to follow after identifying a potential victim; or
- (5) Procedures for obtaining care for Marines.

4. METHOD/MEDIA

- a. The instruction will be in the lecture, discussion and practical exercise format.
- b. Pass out the pocket information cards, enclosure (1).

5. EVALUATION. There will be no written evaluation. However, through education, potential tragedies may be avoided.

TRANSITION

First, it is important to get people to start thinking differently about people who are seriously depressed or suicidal. When we see a bloody wound we are trained on how to respond, that is, to see if they need help, and assist them after they are treated and returned to the unit. We need to look out for our fellow Marine/Sailor regardless of whether the wound is bloody or emotional. To avoid back injuries or running injuries we give skills classes; the same is true for emotional wounds. People need classes in life skills such as stress management, anger management, budgeting, communication, and parenting skills, etc., to help them deal with everyday situations.

BODY

1. Imagine yourself leaving work one afternoon. As you pull out of the parking area, you notice an acquaintance whose car won't start. The hood is raised and your acquaintance is staring blankly at the engine. He/she obviously needs help. Ask the Question: What might prevent you from stopping to help? As you think of your answers think of those same answers as reasons why we are unwilling to help other people when they are troubled or suicidal.

Examples:

- * Inconvenience?
"I am in a hurry."
"It could start raining any minute."
- * Cynicism?
"He owns the stupid car--he should know how to fix it."
"It's her own fault--she should take better care of the car."
- * Lack of knowledge?
"I am not a mechanic--he should call an auto shop."
- * Fear or Doubt?
"What if I try to help and make it worse?"
"What if he gets angry with me?"

Looking at the reasons why we do not help others can help us to get past these fears and insecurities.

2. CAUSES OF SUICIDE

(Slide 4)

Some people have mistaken ideas about why other attempt suicide. They believe the individuals are mentally ill or psychotic. Some think it "runs in the family" or is inherited. Others view them as weak social misfits. None of these are true. As a matter of fact, suicide is not even the direct result of "too much stress."

It is best to think of the cause of suicide in terms of loss. Here are some examples:

Loss of a loved one (death).

Loss of a close relationship (breakup or divorce).

Loss of financial freedom (indebtedness, bankruptcy).

Loss of social acceptance (legal problems and judicial punishment--Office Hours).

Loss of self-control (alcohol and drugs).

Loss of job or career objectives.

Loss of health.

In virtually every attempt, the suicidal person describes a sense of overwhelming loss, from which they can see no way to recover. The greater the number of "losses" perceived and the greater the importance to those losses, the greater the chance of suicidal responses.

The sense of overwhelming loss produces strong emotions and feelings, such as: (Slide 5)

Helplessness
Hopelessness

Isolation
Despair

Depression
Worthlessness

Combining a sense of overwhelming loss and the emotions just listed can often lead even the most "normal" person to seriously consider suicide. We know that most people, not all, but most who get in distress and have suicidal thoughts do not really want to die--they are in emotional pain. They feel trapped and want relief from what they see as unsolvable problems. Suicide becomes an alternative they begin to consider. Most people, not all, but most are symptomatic in some way an communicate their distress.

In order to take appropriate action at the right time, it will help us to examine risk factors and warning signs for suicide.

3. RISK FACTORS

(Slide 6)

Learning about these factors can help to increase your awareness of who might be at greater risk for attempting suicide.

a. The most common cause of suicide among Marines appears to be personal problems rather than job-related problems. Problems within a relationship, such as divorce, separation, "breaking up," and financial difficulties are most significant.

b. Male Marines age 17 to 24 years are most at risk; over half are Lance Corporal and below.

- c. Suicides occur most often in the first 12 months at a new duty station.
- d. The method most often used is a personal firearm.
- e. Alcohol consumption is often involved.
- f. The Marine displays unexplained mood changes or is depressed.

Other factors to consider include: 1) Advance warnings of suicidal intentions are normally given by the Marine, and 2) personality disorders or emotional disturbances have often already been identified.

4. WARNING SIGNS

(Slide 7)

Given so many "factors" how can we recognize someone at risk? It is important to be able to recognize warning signs of suicide so we can respond appropriately. The risk increases as more of the signs are displayed.

- a. Statements about suicidal thoughts, intention or plan. (e.g. "I won't be around much longer for you to worry about," "What's the point of living?")
- b. Extreme Mood Changes (such as depression suddenly followed by unexplained happiness).
- c. Change in personality behavior:
 - (1) Change in sleep habits (unable to sleep or sleeping more to escape).
 - (2) Change in appetite (loss of appetite or increase in appetite).
 - (3) Social withdrawal or isolation.
 - (4) Decreased job performance (apathy, loss of motivation, preoccupied by problems, problems sapping energy...).
 - (5) Poor appearance (not taking care of self, poor uniform appearance).
- d. Preoccupation with death (listening to sad music; reading, writing, drawing, and/or thinking about death; identifying with other people who chose suicide).
- e. Final Arrangements
 - (1) Giving things away.
 - (2) Writing a sudden or unexplained will.

(3) Writing a note.

f. Giving Away personal possessions, not necessarily of high monetary value but of worth to the person.

g. Expressing feelings of worthlessness/hopelessness.

h. Other "cries for help" (i.e., "Do you think anyone would really miss me if I didn't exist?" or "Can this much alcohol, drug, or medicine really kill a person?").

5. WHAT TO DO

(Slide 8)

a. Take threats seriously.

b. Be willing to get involved. You are not violating a confidence, you are potentially saving a human life.

c. Ask about suicidal intentions. Directly discuss the subject, don't ignore it.

d. Be a nonjudgemental listener. Provide support.

e. Do not challenge the individual to act on the threat.

f. Do not keep what you suspect to yourself. Call Medical, Chaplain, or Family Services for assistance. Inform a trusted member of the chain-of-command (coming to the attention of these resources doesn't mean that the Marine's career will be negatively affected; saving a life is the primary concern).

WHAT CAN I DO TO HELP REDUCE THE RISK?

(Slide 9)

If you think the individual is in immediate danger (i.e., there is a specific plan to commit suicide and access to lethal means such as a gun):

a. Refer an escort the suspected suicidal individual to medical or the Officer of the Day (OOD).

b. Maintain contact until passed to the referral; don't leave the individual alone.

c. Help minimize the individual's access to alcohol and weapons or other methods of suicide.

d. If there's an emergency situation (e.g., the individual is threatening to jump or has swallowed pill, poison, etc., or has a weapon and is threatening to use it).

e. Call 911, paramedics, PMO, local police, or the command.

PRACTICE

SCENARIOS FOR DISCUSSION

1. One morning LCpl Smith, who lives in the BEQ, notices that his roommate, LCpl Jones, is acting differently than usual. Jones seems nervous and quiet. When LCpl Smith asks his friend what is wrong, LCpl Jones hesitates, then says, "Last night after going out for a couple of drinks, I started thinking about...stuff. I'm just tired of everything. When I came in I couldn't sleep. I've been thinking about this for a long time. I decided to go the the pull-up bars and hang myself. I was serious, too. Then I changed my mind. I don't really want to do something that dumb. I'm okay now. Just promise me you won't tell anybody else. The last thing I need is for the rest of the platoon to think I'm a mental case, or something. Keep this between the two of us, all right? I know I can trust you."

Discussion:

Danger signals include:

- Suicidal thoughts combined with use of alcohol.
- Feeling of being "tired" might be a sign of depression.
- There was a clear plan for committing suicide.
- There was easy access to the items needed to commit suicide.

LCpl Smith's response:

- Should take LCpl Jones seriously.
- Should not act panicked.
- Should be direct and tell LCpl Jones he is concerned and wants to help, and that the best way to help is to talk with a professional.
- Should offer to go with him to see a Medical Officer or Chaplain.
- Should consult with a Medical Officer or Chaplain if he refuses help.
- Should not keep a secret so potentially deadly!

2. Staff Sergeant Thompson has just checked into a new command. She is eligible for promotion to Gunnery Sergeant within the next year. She is squared away in appearance and brings with her an almost perfect record and reputation. She has recently completed a divorce and has two children living with her parents in another state. One evening in the Staff Club she finds herself talking with a friend about her future. SSgt Thompson says she feels guilty because she doesn't see her children very often and cannot be the sort of parent she always hoped to be. She talk about being extremely lonely since her divorce. She knows that she needs the promotion to GySgt in order to financially support herself and her children. Then, SSgt Thompson admits that she has been very depressed and just "can't seem to shake it off." She is fine at work, but when she is alone has often thought about taking bottle of sleeping pills and "stop the hurting." She believes if anybody discovered that she feels this way, she would never get promoted. She says she is going to "be tough and get a handle on it" by herself, at least until she "pins-on Gunny..."

Discussion:

Danger signals:

She has had major losses, including divorce, separation from children, geographic change, and financial stress.

She describes feeling depressed.

She describes having suicidal thoughts.

She describes a method of suicide.

Possible responses:

Should take her seriously.

Should not act shocked.

Should not "moralize" and attempt to convince her of the "wrongness" of her thoughts.

Should offer to help her arrange to speak confidentially with a Chaplain or Family Services Counselor.

Refer to enclosure (2) for practice discussion when addressing a group of supervisors.

TRANSITION

Remember, of all the available resources, **you are the most important.** You will be glad you involved yourself and so will the person you helped.

OPPORTUNITY FOR QUESTIONS

1. QUESTIONS FROM THE CLASS

2. QUESTIONS TO THE CLASS

- a. QUESTION: Does suicide now rank among the 10 leading causes of death in the U.S.?

ANSWER: Yes, suicide is the eighth leading cause of death in the U.S.

- b. QUESTION: Is it true that practically all people who attempt suicide have some form of mental illness?

ANSWER: False, it is best to think of the cause of suicide in terms of loss.

- c. Refer to enclosure (3) for additional questions.

SUMMARY

Remember,

1. Everyone is key to suicide prevention.

2. Prevention is our goal--observing and caring will help us get there.
3. We take care of each other.
4. Know your fellow friend--use the "Buddy System."
5. Ask a trusted member of the chain-of-command, the Chaplain, Medical Officer, Family Service Center, Mental Health Center, or hospital for assistance.

When addressing supervisors, summarize with:

Remember, supervisors are the key link in suicide prevention:

1. You are out there with the troops.
2. You know them best.
3. You have the most power and influence over their lives.
4. You can make the difference between life and death.
5. Ask the Chaplain, Medical Officer, Family Service Center, or Mental Health Department for assistance.

SUPERVISORS

What is the leader's roll in prevention? Brainstorm your group for ideas. Some things that should be mentioned are:

1. Know your troops.
2. Be attentive.
3. Identify "at risk" people (low functioning, chaotic lives...).
4. Monitor "at risk" people more closely.
5. Get help for them before it becomes a crisis.
6. Be concerned about welfare and morale.
7. Show an interest in the problems of your troops and their families.
8. Communicate a nonjudgemental attitude, allowing ventilation.
9. Know the warning signs (have audience review them).
10. Take all threats seriously.
11. After suicidal personal are evaluated and are returned to your command, demonstrate command concern.
12. Track them, their performance, how they resolve their personal situations.
13. Keep in touch with them--stop by and listen.
14. If the professionals determine that someone remains a high risk for suicide in the future, due to a personality disorder, administrative steps need to be started.
15. Know what reasons, services, etc. are available to assist with personal problems--Navy and Marine Corps Relief Society, American Red Cross, Social Services Organizations.

Enclosure (2)